PTO:SB:06 (12-04)
Approved for use through 7731/2005, OHB 0951-0052
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information emisses it displays a valid OMB control number.

PATENT ADDITION OF THE PROPERTY A PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED MUMBER EXTRA RATE (3) FEE (A) RATE (F) FEE (I BASIC FEE (37 CFR 1.18(a), (b), or (ch) 300 SEARCH FEE (37 CFR 1.1801, (), or (mg) 200 EXAMINATION FEE DI CER LIEDA DA OF (C) 400 TOTAL CLAIMS (37 CFR 1.16(i)) estrue 20 = • OR x . NOEPENDENT CLAIMS (37 CFR 1.19(16) × • • If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE FEE (DF CFR 1.15(d) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(a). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) If the difference in column T is less than zero, enter 'V' in column 2. TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Cotumn 2) OR (Cotamn 3) SMALL ENTITY SMALL ENTITY CLAMS HIGHEST REMAINING NUMBER PRESENT ADDI-TIONAL FEE (T) RATE (8) RATE (5) ADD AFTER PREVIOUS Y EXTRA TIDNAL AMENDMENT PAID FOR PEE (I) Total (A) CFR 1.18(2) 50 ENDM . OR Independent pr den 1.1602 OR Application Size Fee (37 CFR 1:16(s)) PRIST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (07 CFR 1.18(0) OR TOTAL TOTAL ADO'L FEE ADD'L FEE (Cotoms 1) (Column 2) CLAIMS HIGHEST NUMBER REMAINING PRESENT RATE (\$) ADDI-TIONAL FEE (3) 8 RATE (\$) ADDL AFTER PREVIOUSLY EXTRA AMENDLENT PAID FOR FEE (\$) Total OF CHILD ENDM × • OR CO CR LIE Minus OR x election Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.95(1) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

*** If the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Trighest Number Previously Paid For" (Total or Independent) is the highest number found is the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or estain a bancial by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. (22 and 37 CFR 1.14. This collection is estimated to take 12 criticals to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the execut of time you require to be completed the form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademath Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Generalissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450.